

## THE CORPORATION OF THE TOWN OF PERTH

80 Gore Street East Perth, Ontario K7H 1H9 Phone: (613) 267-3311 Fax: (613) 267-5635

## \*CONFIDENTIAL\*

## APPLICATION FOR INQUIRY FORM/AFFIDAVIT MUNICIPAL CONFLICT OF INTEREST ACT, R.S.O. 1990, c. M.50

Name:				
Home Address				
NA '1' A L L	(Street name, hou	se #, P.O. Box #, city, po	ostal code)	
Mailing Address				
(if different from home address)				
Home phone #:	-			
Cell phone #:				
Email address:				
*It is an offence u	nder the Criminal (	Code of Canada to know	wingly swear a false affidavi	
I.			[Print full name] of	
-,			[municipal	
address] in the Pr	ovince of Ontario M <i>F</i>	KE OATH AND SAY [or	AFFIRM]: that [place an "X"	
next to one of the	following]:	_		
			, , , , , , , , , , , , , , , , , , , ,	
		ecame aware of the alleged contravention(s) not more than six weeks		
	this application; OR		(s) within the period of time	
etarting siv weeks	hefore nomination d	av for the municipal elec	tion, and ending on voting	
day.	before normination di	ay for the manicipal cice	tion, and chaing on voting	
SWORN for AFFIR	RMEDI before me at		[Citv/Town	
name], in the Prov	ince of Ontario, this	[day] of	[City/Town [ <b>month</b> ], 20	
-				
Print Commissio	ner's Name	Signature of Commi	ssionerl	
[	,	[0.30		
Requester's Sign	 nature]	[Date]		
,		, hereby request the	Integrity Commissioner for	
the Town of Perth	to conduct an inquir	y pursuant to section 223	Integrity Commissioner for 3.4.1 of the <i>Municipal Act</i> ,	

2001. I have reason to believe that [specify name(s) of member(s) of Council,			
Committees, Advisory Panels, Mayor's Task Force and Local			
Boards]			
contravened section(s) 5, 5.1 or 5.2 of the Municipal Conflict			
of Interest Act. The particulars of the application for inquiry regarding the alleged			
contravention by a member of Council or of a Local Board are as follows:			
[Please provide section(s) of the Municipal Conflict of Interest Act (i.e. section 5, 5.1			
and/or 5.2) alleged to have been contravened, date(s), time(s) and location(s) of			
conduct, names of all persons alleged to be involved, including witnesses and their			
contact information including home and cell phone numbers. If you require more			
space, please use the attached Schedule "A" form. Please attach copies of all			
documents relevant to the requested investigation]:			
documents relevant to the requested investigation].			

Please deliver your request in per	rson to:
	Town Clerk
	80 Gore Street East
	Perth, Ontario K7H 1H9
(Date)	(Signature of Complainant)

## SCHEDULE "A"